



Application to Register Permanent Residence or Adjust Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-485
OMB No. 1615-0023
Expires 06/30/2019

Preference Category: IR6		APP I485	Action Block
Country Chargeable: GAMBIA			
Priority Date: 10-26-2018		MSC1990157031	10/26/2018
Date Form I-693 Received:			
<input checked="" type="checkbox"/> Applicant Interviewed <input type="checkbox"/> Interview Waived Date of Initial Interview: JUL 10 2019 Lawful Permanent Resident as of: _____		Section of Law <input type="checkbox"/> INA 209(a) <input type="checkbox"/> INA 249 <input type="checkbox"/> INA 209(b) <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input checked="" type="checkbox"/> INA 245(a) <input type="checkbox"/> Cuban Adjustment Act <input type="checkbox"/> INA 245(j) <input type="checkbox"/> Other _____ <input type="checkbox"/> INA 245(m)	
To be completed by an attorney or accredited representative (if any).			
<input type="checkbox"/> Select this box if Form G-28 is attached.	Volag Number (if any) <input type="text"/>	Attorney State Bar Number (if applicable) <input type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>

► **START HERE - Type or print in black ink.**

A-Number ► A-**1902883**

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may deny your application.

Part 1. Information About You (Person applying for lawful permanent residence)

Your Current Legal Name (do not provide a nickname):

1.a. Family Name (Last Name)	Jeng
1.b. Given Name (First Name)	Rohey
1.c. Middle Name	Faa1

3.a. Family Name (Last Name)	<input type="text"/>
3.b. Given Name (First Name)	<input type="text"/>
3.c. Middle Name	<input type="text"/>
4.a. Family Name (Last Name)	<input type="text"/>
4.b. Given Name (First Name)	<input type="text"/>
4.c. Middle Name	<input type="text"/>

Other Names You Have Used Since Birth (if applicable)

NOTE: Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names. If you need extra space to complete this section, use the space provided in Part 14.

Additional Information

2.a. Family Name (Last Name)	<input type="text"/>
2.b. Given Name (First Name)	<input type="text"/>
2.c. Middle Name	<input type="text"/>

Other Information About You

5. Date of Birth (mm/dd/yyyy)	04/01/1966
NOTE: In addition to providing your actual date of birth, include any other dates of birth you have used in connection with any legal names or non-legal names in the space provided in Part 14. Additional Information.	
6. Sex	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
7. City or Town of Birth	Pirang

Exhibit "C"



Application to Register Permanent Residence or Adjust Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-485
OMB No. 1615-0023
Expires 06/30/2019

For USCIS Use Only Preference Category: IR6 Country Chargeable: GAMBIA Priority Date: 10-26-2018 Date Form I-693 Received: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Applicant Interviewed <input type="checkbox"/> Interview Waived Date of Initial Interview: JUL 10 2019 Lawful Permanent Resident as of: _____ </div> <div style="width: 45%;"> Section of Law <input type="checkbox"/> INA 209(a) <input type="checkbox"/> INA 249 <input type="checkbox"/> INA 209(b) <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input checked="" type="checkbox"/> INA 245(a) <input type="checkbox"/> Cuban Adjustment Act <input type="checkbox"/> INA 245(i) <input type="checkbox"/> Other _____ <input type="checkbox"/> INA 245(m) </div> </div>		APP I485  MSC1990157031 10/26/2018 <div style="text-align: center;">  <i>DRO Mailed</i> </div>
To be completed by an attorney or accredited representative (if any). <div style="display: flex; justify-content: space-around;"> <div style="width: 33%;"> <input type="checkbox"/> Select this box if Form G-28 is attached. Volag Number (if any): _____ </div> <div style="width: 33%;"> Attorney State Bar Number (if applicable): _____ </div> <div style="width: 33%;"> Attorney or Accredited Representative USCIS Online Account Number (if any): _____ </div> </div>		

► START HERE - Type or print in black ink.

A-Number ► A-2481883

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may deny your application.

Part 1. Information About You (Person applying for lawful permanent residence)

Your Current Legal Name (do not provide a nickname):

1.a. Family Name (Last Name) **Jeng**

1.b. Given Name (First Name) **Bohey**

1.c. Middle Name **Eaal**

3.a. Family Name (Last Name) _____

3.b. Given Name (First Name) _____

3.c. Middle Name _____

4.a. Family Name (Last Name) _____

4.b. Given Name (First Name) _____

4.c. Middle Name _____

Other Names You Have Used Since Birth (if applicable)

NOTE: Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names. If you need extra space to complete this section, use the space provided in Part 14.
Additional Information:

2.a. Family Name (Last Name) _____

2.b. Given Name (First Name) _____

2.c. Middle Name _____

Other Information About You

5. Date of Birth (mm/dd/yyyy) **04/07/1966**

NOTE: In addition to providing your actual date of birth, include any other dates of birth you have used in connection with any legal names or non-legal names in the space provided in Part 14. Additional information.

6. Sex Male Female

7. City or Town of Birth **Piranq**

A-Number ► A-

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Part 1. Information About You (Person applying for lawful permanent residence) (continued)

8. Country of Birth

Gambia

9. Country of Citizenship or Nationality

Gambia

10. Alien Registration Number (A-Number) (if any)

► A-

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NOTE: If you have EVER used other A-Numbers, include the additional A-Numbers in the space provided in Part 14. Additional Information.

11. USCIS Online Account Number (if any)

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12. U.S. Social Security Number (if any)

►

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U.S. Mailing Address

13.a. In Care Of Name (if any)

International Business Support

13.b. Street Number and Name 1755 The Exchange 915 Office

13.c. Apt. Ste. Flr. 220

13.d. City or Town Atlanta, Jonesboro

13.e. State GA 13.f. ZIP Code 30339-30236

Alternate and/or Safe Mailing Address

If you are applying based on the Violence Against Women Act (VAWA) or as a special immigrant juvenile, human trafficking victim (T nonimmigrant), or victim of a qualifying crime (U nonimmigrant) and you do not want USCIS to send notices about this application to your home, you may provide an alternative and/or safe mailing address.

14.a. In Care Of Name (if any)

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14.b. Street Number and Name

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14.c. Apt. Ste. Flr.

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14.d. City or Town

--	--	--	--	--	--	--	--

14.e. State 14.f. ZIP Code

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Recent Immigration History

Provide the information for Item Numbers 15. - 19. if you last entered the United States using a passport or travel document.

15. Passport Number Used at Last Arrival

PC015036

16. Travel Document Number Used at Last Arrival

17. Expiration Date of this Passport or Travel Document
(mm/dd/yyyy)

10/06/2005

18. Country that Issued this Passport or Travel Document

Gambia

19. Nonimmigrant Visa Number from this Passport (if any)

67502224

Place of Last Arrival into the United States

20.a. City or Town

Baltimore

20.b. State MD

21. Date of Last Arrival (mm/dd/yyyy)

10/28/2003

When I last arrived in the United States, I:

22.a. Was inspected at a port of entry and admitted as (for example, exchange visitor; visitor, waived through; temporary worker; student):

Tourist

22.b. Was inspected at a port of entry and paroled as (for example, humanitarian parole, Cuban parole):22.c. Came into the United States without admission or parole.22.d. Other:

If you were issued a Form I-94 Arrival-Departure Record Number:

23.a. Form I-94 Arrival-Departure Record Number

► 9 | 4 | 4 | 3 | 7 | 0 | 6 | 9 | 0 | 0 | 8

23.b. Expiration Date of Authorized Stay Shown on Form I-94
(mm/dd/yyyy)

04/28/2004

23.c. Status on Form I-94 (for example, class of admission, or paroled, if paroled)

temporary visitor

A-Number ► A-

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Part 2. Application Type or Filing Category
(continued)

Information About Your Immigrant Category

If you are the principal applicant, provide the following information.

3. Receipt Number of Underlying Petition (if any)

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4. Priority Date from Underlying Petition (if any)

(mm/dd/yyyy)							
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If you are a derivative applicant (the spouse or unmarried child under 21 years of age of a principal applicant), provide the following information for the principal applicant.

Principal Applicant's Name

- 5.a. Family Name
(Last Name)

--	--	--	--	--	--	--	--

- 5.b. Given Name
(First Name)

--	--	--	--	--	--	--	--

- 5.c. Middle Name

--	--	--	--	--	--	--	--

6. Principal Applicant's A-Number (if any)

► A-							
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7. Principal Applicant's Date of Birth

(mm/dd/yyyy)							
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8. Receipt Number of Principal's Underlying Petition (if any)

►							
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9. Priority Date of Principal Applicant's Underlying Petition
(if any) (mm/dd/yyyy)

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Part 3. Additional Information About You

1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad?

Yes No

If you answered "Yes" to Item Number 1., complete Item Numbers 2.a. - 4. below. If you need extra space to complete this section, use the space provided in Part 14. Additional Information.

Location of U.S. Embassy or U.S. Consulate

- 2.a. City

--	--	--	--	--	--	--	--

- 2.b. Country

--	--	--	--	--	--	--	--

3. Decision (for example, approved, refused, denied, withdrawn)

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4. Date of Decision (mm/dd/yyyy)

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Address History

Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in Part 14. Additional Information.

Physical Address 1 (current address)

- 5.a. Street Number and Name

951 Olde Town Place

- 5.b. Apt. Ste. Flr.

- 5.c. City or Town

Jonesboro

- 5.d. State

GA

- 5.e. ZIP Code

30236

- 5.f. Province

- 5.g. Postal Code

- 5.h. Country

USA

Dates of Residence

- 6.a. From (mm/dd/yyyy)

08/01/2015

- 6.b. To (mm/dd/yyyy)

Present

Physical Address 2

- 7.a. Street Number and Name

6700 Tara ridge

- 7.b. Apt. Ste. Flr.

- 7.c. City or Town

Jonesboro

- 7.d. State

GA

- 7.e. ZIP Code

30236

- 7.f. Province

- 7.g. Postal Code

- 7.h. Country

USA



Petition for Alien Relative
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-130
OMB No. 1615-0012
Expires 07/31/2018

For USCIS Use Only		APP 1130	MSC1990157032	10/26/2018	
Initial Receipt 10-26-2018					
Resubmitted					
Relocated	Section of Law/Visa Category				
Received	<input checked="" type="checkbox"/> 201(b) Spouse - IR-1/CR-1 <input type="checkbox"/> 203(a)(1) Unm. S/D - FI-1 <input type="checkbox"/> 203(a)(2)XB Unm. S/D - F2-4 <input type="checkbox"/> 201(b) Child - IR-2/CR-2 <input type="checkbox"/> 203(a)(2)(A) Spouse - F2-1 <input type="checkbox"/> 203(a)(3) Married - S/D - F3-1 <input type="checkbox"/> 201(b) Parent - IR-5 <input type="checkbox"/> 203(a)(2)(A) Child - F2-2 <input type="checkbox"/> 203(a)(4) Brother/Sister - F4-1				
Sent					
Completed					
Approved	Petition was filed on (Priority Date mm/dd/yyyy): <input type="text"/> Field Investigation <input type="checkbox"/> Personal Interview <input type="checkbox"/> 204(a)(2)(A) Resolved <input type="checkbox"/> Previously Forwarded <input type="checkbox"/> Pet. A-File Reviewed <input type="checkbox"/> I-485 Filed Simultaneously <input type="checkbox"/> 203(g) Resolved <input type="checkbox"/> Ben. A-File Reviewed <input type="checkbox"/> 204(g) Resolved				
Returned					
Remarks	DOM: 9-25-2018				
At which USCIS office (e.g., NBC, VSC, LOS, CRO) was Form I-130 adjudicated? _____					

To be completed by an attorney or accredited representative (if any).

<input type="checkbox"/> Select this box if Form G-28 is attached.	Volag Number (if any)	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
	<input type="text"/>	<input type="text"/>	<input type="text"/>

► START HERE - Type or print in black ink.

If you need extra space to complete any section of this petition, use the space provided in Part 9. Additional Information.
Complete and submit as many copies of Part 9., as necessary, with your petition.

Part 1. Relationship (You are the Petitioner. Your relative is the Beneficiary)

1. I am filing this petition for my (Select only one box):
 Spouse Parent Brother/Sister Child
2. If you are filing this petition for your child or parent, select the box that describes your relationship (Select only one box):
 - Child was born to parents who were married to each other at the time of the child's birth (b)(6)
 - Stepchild/Stepparent
 - Child was born to parents who were not married to each other at the time of the child's birth
 - Child was adopted (not an Orphan or Hague Convention adoptee)
3. If the beneficiary is your brother/sister, are you related by adoption?
4. Did you gain lawful permanent citizenship through adoption?

Part 2. Information About You (Petitioner)

1. Alien Registration Number (A-Number) (if any)

► A-

2. USCIS Online Account Number (if any)

►

3. U.S. Social Security Number (if any)

Your Full Name

- 4.a. Family Name (Last Name) Lockett
- 4.b. Given Name (First Name) Willie
- 4.c. Middle Name Alvern



Part 2. Information About You (Petitioner)
(continued)

Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name and nicknames.

- 5.a. Family Name (Last Name) Lockett
 5.b. Given Name (First Name) Wayne
 5.c. Middle Name Averin

Other Information

6. City/Town/Village of Birth
For Wayne
7. Country of Birth
USA
8. Date of Birth (mm/dd/yyyy)
02/15/1962
9. Sex Male Female

Mailing Address

10.a. In Care Of Name

International Business Support

- 10.b. Street Number and Name
1755 The Exchange SE
- 10.c. Apt. Ste. Flr. 220
- 10.d. City or Town
Atlanta Jonesboro
- 10.e. State GA 10.f. ZIP Code 30236
- 10.g. Province
- 10.h. Postal Code
- 10.i. Country
USA
11. Is your current mailing address the same as your physical address?
 Yes No

If you answered "No" to Item Number 11., provide information on your physical address in Item Numbers 12.a. - 13.b.

Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first if it is different from your mailing address in Item Numbers 10.a. - 10.i.

Physical Address I

- 12.a. Street Number and Name 951 Olde Town Place

 12.b. Apt. Ste. Flr.
 12.c. City or Town Jonesboro
 12.d. State GA 12.e. ZIP Code 30236
 12.f. Province
 12.g. Postal Code
 12.h. Country USA
 13.a. Date From (mm/dd/yyyy) 08/01/2015
 13.b. Date To (mm/dd/yyyy) (b)(6) PRESENT

17. Current Marital Status

- Single, Never Married Married Divorced
 Widowed Separated Annulled

(b)(6)

Petitioner's Contact Information

4. Petitioner's Mobile Telephone Number (if any)

5. Petitioner's Email Address (if any)

6789342588 → Bone

Petitioner's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I provided or authorized all of the information contained in, and submitted with, my petition;
- 2) I reviewed and understood all of the information in, and submitted with, my petition; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

Petitioner's Signature

6.a. Petitioner's Signature (sign in ink)

→

6.b. Date of Signature (mm/dd/yyyy)

06/30/2018

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.



Supplemental Information for Spouse Beneficiary

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-130A
OMB No. 1615-0012
Expires 07/31/2018

To be completed by an attorney or accredited representative (if any).

<input type="checkbox"/> Select this box if Form G-28 is attached.	Visa Number (if any) _____	Attorney State Bar Number (if applicable) _____	Attorney or Accredited Representative USCIS Online Account Number (if any) _____
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► **START HERE - Type or print in black ink.**

The purpose of this form is to collect additional information for a spouse beneficiary of Form I-130, Petition for Alien Relative. If your spouse is a U.S. citizen, lawful permanent resident, or non-citizen U.S. national who is filing Form I-130 on your behalf, you must complete and sign Form I-130A, Supplemental Information for Spouse Beneficiary, and submit it with the Form I-130 filed by your spouse. If you reside overseas, you still must complete Form I-130A, but you do not need to sign the form.

Part 1. Information About You (Spouse Beneficiary)

1. Alien Registration Number (A-Number) (if any)

► A- _____

2. USCIS Online Account Number (if any)

► _____

Your Full Name

3.a. Family Name (Last Name) Jeng

3.b. Given Name (First Name) Rohey

3.c. Middle Name Faal

5.a. Date From (mm/dd/yyyy) 08/01/2015

5.b. Date To (mm/dd/yyyy) PRESENT

Physical Address 2

6.a. Street Number and Name 6700 Tara Ridge

6.b. Apt. Ste. Flr. _____

6.c. City or Town Jonesboro

6.d. State GA 6.e. ZIP Code 30236

6.f. Province _____

6.g. Postal Code _____

6.h. Country

USA

7.a. Date From (mm/dd/yyyy) 10/01/2004

7.b. Date To (mm/dd/yyyy) 07/30/2015

Last Physical Address Outside the United States

Provide your last address outside the United States of more than one year (even if listed above).

8.a. Street Number and Name _____

8.b. Apt. Ste. Flr. _____

8.c. City or Town _____

8.d. Province Pirang

8.e. Postal Code _____

8.f. Country

Gambia

Part 5. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter you used to complete Form I-130A if he or she is different from the interpreter used to complete the Form I-130 filed on your behalf.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and

, which is the same language provided in Part 4., Item Number 1.b., and I have read to this spouse beneficiary in the identified language every question and instruction on this form and his or her answer to every question. The spouse beneficiary informed me that he or she understands every instruction, question, and answer on the form, including the Spouse Beneficiary's Certification, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)

7.b. Date of Signature (mm/dd/yyyy)

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary

Provide the following information about the preparer you used to complete Form I-130A if he or she is different from the preparer used to complete the Form I-130 filed on your behalf.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

Arshid

1.b. Preparer's Given Name (First Name)

Jahan

2. Preparer's Business or Organization Name (if any)

International Business Support

Preparer's Mailing Address

3.a. Street Number and Name

1755 The Exchange SE

3.b. Apt. Ste. Flr.

220

3.c. City or Town

Atlanta

3.d. State

GA

3.e. ZIP Code

30339

3.f. Province

3.g. Postal Code

3.h. Country

USA